A New Paradigm for Workers' Compensation & Disability Benefits Systems: The Work Disability Prevention Model

Jennifer Christian, MD, MPH
Webility Corporation & The 60 Summits Project

Your Part in this Session

- Play with some big new ideas
- Be open to:
  - Taking a different approach
  - Setting a new context for your work
- Learn about an additional ACOEM guideline that can be useful to you
- Hit the ball back when I send it into your court!

Plan for This Morning

- The 5 minute version
- Clarify terms / avoid confusion
- About the new ACOEM Guideline
- About the 60 Summits Project
- Stay-at-work & Return-to-work process
- When can work disability be prevented?
- The role of the "powerful" players
- The ACOEM guideline's recommendations

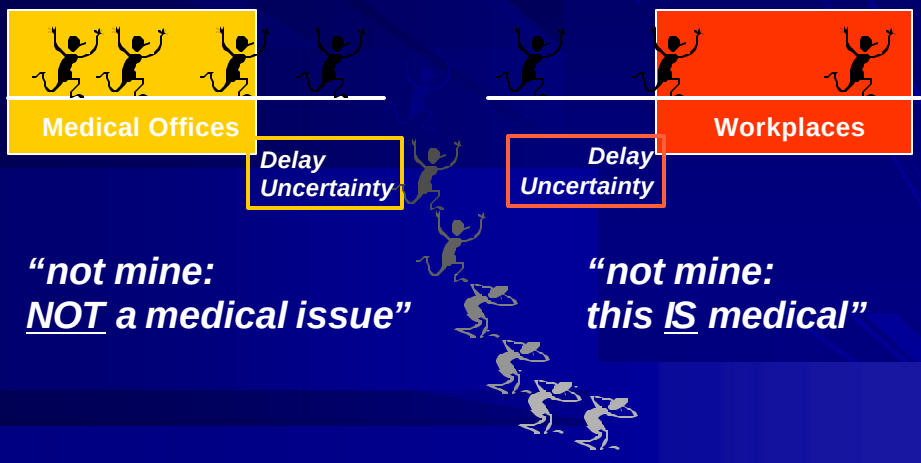
ACOEM's New Guideline:

"Preventing Needless Work Disability by Helping People Stay Employed"

Needless Work Disability

- ***Employee:*** Is harmful. Disrupts daily life, threatens career and self-esteem, leads to iatrogenic invalidism.
- ***Employer:*** Is disruptive and costly. Reduces productivity, creates unnecessary hassle and expense.
- ***Economy:*** Is wasteful. Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

SAW / RTW Communications Gap



"not mine:
NOT a medical issue"

"not mine:
this IS medical"

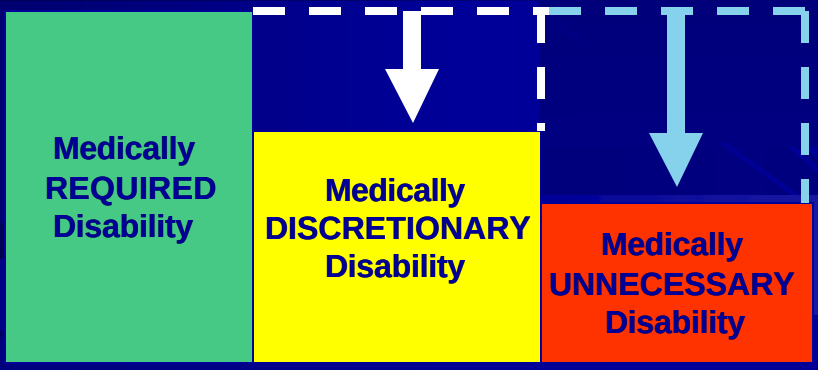
Result: Needless Work Disability, Job Loss, & Iatrogenic Invalidism

Shift the Focus:

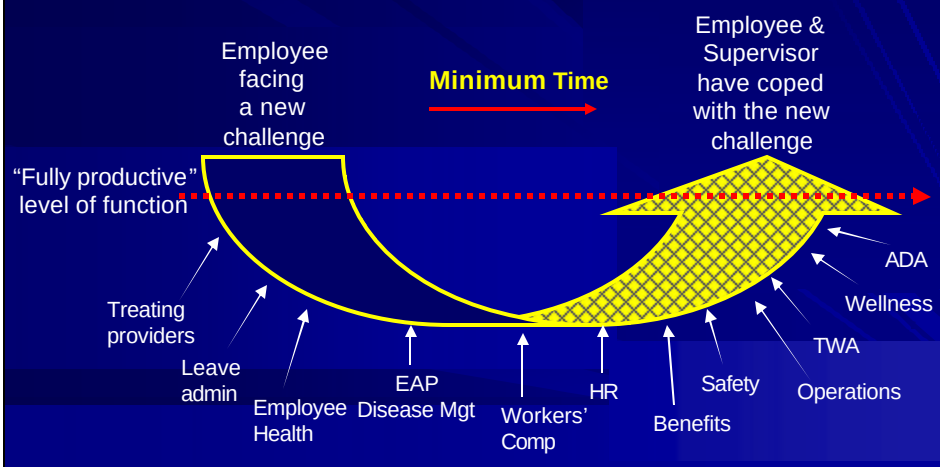
Is This Work Disability Medically Required?

How Can It Be Averted?

Work Disability Prevention = Reduce Needless Absence



Disability Prevention Vision



Work Disability Prevention Team

Employee & Supervisor **feel** supported by the supportive web the parties weave.

How I Got Here

- Board certified occupational medicine
- Bath Iron Works (naval shipbuilders)
- Alaska – Private practice, BP Oil, Med Society
- CIGNA Healthcare (HMO)
- Milliman & Robertson (consultants)
- ManagedComp (10 states)
- Webility Corporation (training, consulting)
- ACOEM
  - Chair, Work Fitness & Disability Section
  - Chaired the group that wrote this guideline
- The 60 Summits Project

Unofficial comments on ACOEM's New Guideline:

"Preventing Needless Work Disability by Helping People Stay Employed"

What is an ACOEM Guideline?

- Professional society: American College of Occupational & Environmental Medicine
- Issues a variety of opinions, guidelines, medical journal, and other publications.
- ACOEM Occupational Medicine PRACTICE Guidelines – >300 pp ($$)
- TODAY'S FOCUS: ACOEM Work Disability Guideline (www.acoem.org) – 18 pp (free)

What is "Work Disability"

- "Medically-related" time away from work or on "light duty" with less than full productivity.
- May be temporary or permanent, and last hours, days, weeks, months or years.
- May be permanent withdrawal from the workforce.
- NOT impairment, NOT handicap, NOT THE SAME as "disability" under the ADA or SSA.

What is Disability Prevention?

- NOT injury prevention / safety
  - Primary prevention (don't let it happen)
- Work disability prevention: NOW MISSING
  - Secondary prevention (keep little things little)
  - Avoid poor outcomes – "back in the saddle"
- NOT traditional return to work programs
  - Tertiary prevention (mitigate the damages)
  - Rescue and rehab

Why Was Guideline Developed?

- Share our unique perspective
  - Trained to tell medical from non-medical
  - Play a role in all benefits systems
  - See well- vs. poorly-managed situations
- > $200 billion and growing in payouts
- Loss of people to the economy who could otherwise remain productive
- Aging workforce:
  - Doubling % of people on SSA

Focused on Everyday Conditions

- Many of today's poor outcomes began as everyday conditions:
  - Back & neck pain, sprains, strains
  - Shoulder and knee pain, sprains, strains
  - RSD's of the hand and upper extremity
  - Arthritis, other joint problems
  - Headaches
  - Depression, anxiety

Purpose of ACOEM Guideline

- To describe the Stay-at-Work and Return-to-Work (SAW/RTW) process for the first time.
- To point out opportunities for improvement and provide examples of current best practices.
- To support on-going dialogue among all the stakeholders.

History of Guideline

- Developers are all ACOEM members:
  - 7 specialties (OM, OS, IM, FP, PM&R, P, EM)
  - 15 US states and Canada
  - Private practice, government, academia, heavy industry, workers' comp & disability insurers
- Collaborative, consensus-seeking method
- Adopted by ACOEM in May 2006
- Frequently confused with practice guidelines

Reactions to the Guideline

- Embodies a new paradigm for workers' compensation and disability benefits systems.
- An easy-to-read, clear blueprint for process improvement.
- A framework for building a shared positive vision across traditional boundaries.

About The 60 Summits Project

History

- ACOEM WDP Guideline approved
- Now what?
- Create a mechanism to get the recommendations ADOPTED and IN USE
- Not an ACOEM project
- First an impulse, now a non-profit

THE IDEA

- Goal: Use ACOEM's Guideline to move the system forward – waste less money; needless disable fewer people.
- Create a mechanism to get the guidelines off the paper and into action.
- Convene meetings in 50 US states + 10 Canadian provinces
- Use Summits to get people collaborating, in action; creating positive change

How Do Summits Work?

- Feasibility & Planning
  - Local team decides to hold a Summit
  - They plan event and invite stakeholders
- The Summit Meeting
  - Workshop format
  - Offer them the Guideline as a tool
  - Small groups consider each recommendation
    - How could we implement that HERE?
    - What is a concrete next step?
    - What will we do tomorrow?
- Follow-up – Make those things happen!

Progress to Date

- Summits already held (2006) :
  - OR (2), NM, CA, ND (4)
- Summits scheduled (2007-2008):
  - MN, OH, AZ, FL
- Preliminary meetings in progress:
  - QC, MA, MI, ...

The SAW / RTW Process from ACOEM's Work Disability Prevention Guideline

The SAW / RTW Process

- Stay At Work / Return To Work Process
- A sequence of questions, actions, and decisions made separately by several parties that together determines whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.
- Often stalls or becomes sidetracked because the focus is on corroborating, justifying, or evaluating disability rather than preventing it.

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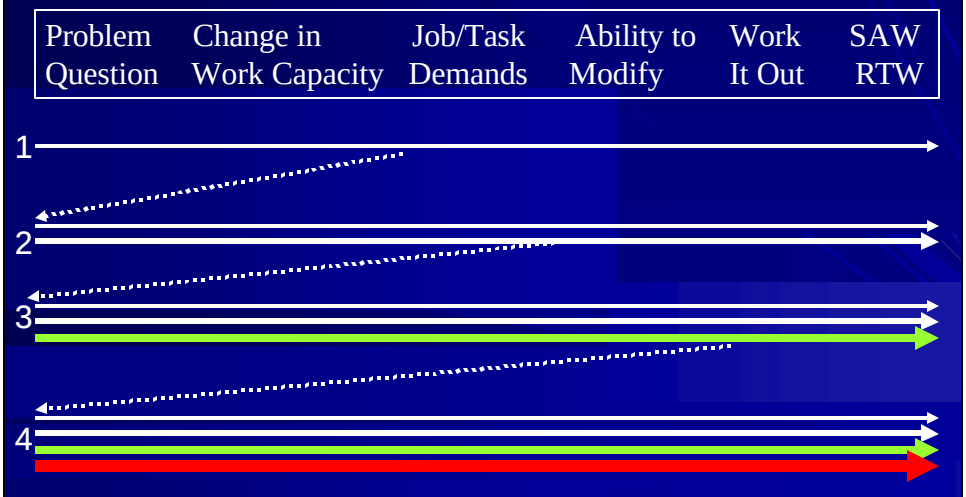
SAW/RTW Process in 4 Acts



Five Parallel Processes

1. SAW / RTW
2. Personal adjustment
3. Medical care
4. Benefits administration
5. ADA reasonable accommodation

The employee has the most power to determine the eventual outcome of a work disability situation –

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.

Recipe for Work Disability

Medical Condition that affects function

PLUS

Loss of ability or willingness to cope

AND / OR

Lack of external support

"Normal" Reaction to Injury / Illness / Disability

- Surprise, disorientation, disruption
- Vulnerability, dependency, incompetent
- Discomfort, pain
- Uncertainty, upset, stress, anxiety
- Meaning, implications, predictions
- Anger, resentment, revenge
- Confused, bewildered, befuddled
- Sad, grieving
- Alone, isolated, disconnected

Unnecessary Time Off Work Hurts Workers

- Three pillars of identity: body, work and family.
- Injury = Loss of bodily integrity.
- Work disability = Loss of work.
- Emotional reaction = Strains relationships.
- "Victimization" disempowers & delays acceptance.
- Inactivity slows healing, creates chronic pain.
- Half of disabled have substance abuse problems.

Colledge's SPICE Model

- Simplicity – *Avoid medicalizing normal things; do not diagnose*
- Proximity – *Preserve daily routine*
- Immediacy – *Manage with urgency*
- CENTRALITY – *Patient-centered focus*
- Expectancy – *Reassurance*

The employer plays the second most powerful role in determining the outcome –

. . . by deciding whether to manage the employee's situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery.

How We Can Modify the Recipe for Work Disability

- Medical Condition

+

- Ability / Willingness to Cope

+

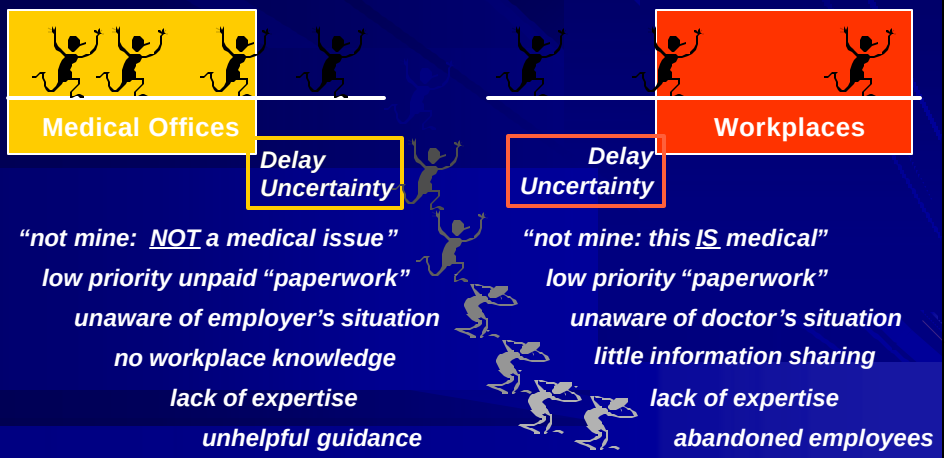
- External Support

The doctor has the next most powerful influence on the situation by providing factual information and advice that will either encourage / support or discourage / obstruct efforts at SAW/RTW.

"Designated Guessers"

- Why are doctors put in the middle?
  - Pressed into service by others
  - Neither trained nor rewarded to do it well
  - Often the best available choice
- Doctors are uncomfortable with this work
  - Sworn to be patient advocates
  - A guess is required; evidence is weak
  - The questions are often NOT answerable with typical information provided

SAW / RTW Communications Gap



Result: Needless Work Disability, Job Loss, & Iatrogenic Invalidism

The 16 Recommendations from ACOEM's Work Disability Prevention Guideline

Let's Play With a New Idea

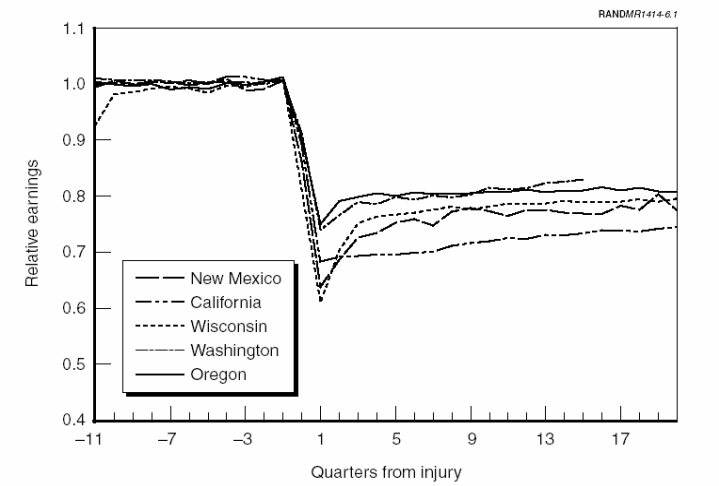
What would "first class" look like in Workers' Compensation?

What would "premier quality" service look like to ill, injured and impaired workers (and their supervisors)?

Why Bother?

- Modernize; get out of the industrial age
- Make employers' programs consistent
- Prevent litigation
- Improve service, outcomes and cost

Relative Earnings of PPD Claimants as a Proportion of Comparison Workers Earnings



SOURCE: Reville, et al. 2001a, p. 48.

Focus On The "Swing" Groups

What Do The "Swing Groups" Want / Need?

- Injured workers
  - Surprised by injury
  - Life and work disruption
  - Discomfort; uncertain about medical care
  - Vulnerable; concerned for safety / comfort
  - Uncertainty about the future
- Their supervisors
  - Workplace disruption
  - Personnel management issues

Imagine this: How would premium quality look?

- Before the injury occurs
- Right after the injury occurs
- When the employee files the first report
- Getting the employee to the doctor
- When the payer makes initial contact
- Medical treatment process
- Dispute resolution process
- Stay-at-work and return-to-work process

4 General and 16 Specific Recommendations

1. Adopt a disability prevention model.
2. Address behavioral and circumstantial realities that create or prolong disability.
3. Acknowledge the powerful contribution that motivation makes to outcomes, and make changes to improve incentive alignment.
4. Invest in system and infrastructure improvements.

1. Adopt a Disability Prevention Model

- Increase awareness of how rarely work disability is medically-REQUIRED.
- Urgency is required because prolonged time away from work is harmful.

Shift the Focus:

Is This Work Disability Really Necessary?

How Can It Be Averted?

Results of First Physician Survey

- THE KEY QUESTION: Based on your clinical experience, what fraction of workers with work-related injuries and illnesses who seek medical care really need to be off work for more than a couple of days for strictly medical reasons?

Workers' Compensation Cases Requiring More Than A Couple of Days Lost From Work

MD Opinion	Actual
90% of surveyed doctors said <10% of cases 50% of surveyed doctors said <5% of cases	25% of cases

Disability Is Medically-REQUIRED When . . .

- Attendance is required at place of care
- Recovery requires confinement at home or in bed
  - Acute response to injury
  - Risk of contagion - Quarantine
  - Need for protected environment
- Work or commute is medically-contraindicated
  - Will worsen medical condition or delay recovery

Disability Is Medically-DISCRETIONARY When . . .

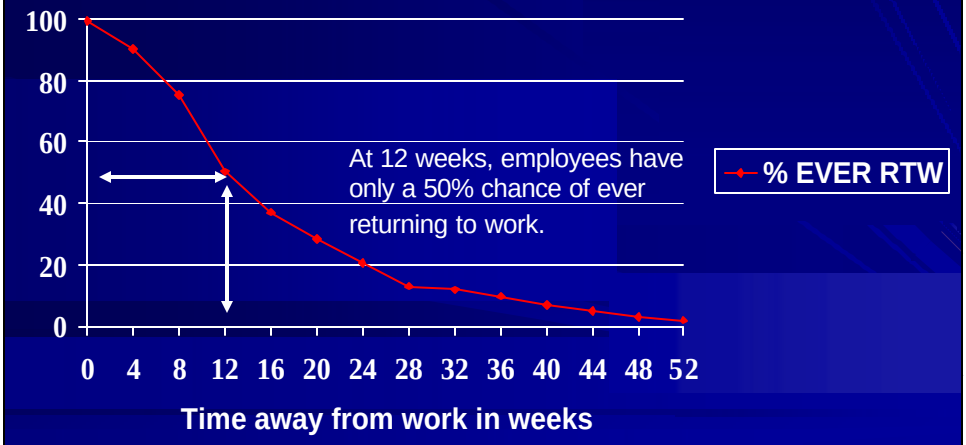
Could do something useful but . . . .

- "No way to get worker to work"
- "Worker is incapable of any substantial work"
- "Effort required to support the worker is more than makes sense"
- "Can't figure out how to provide work within these limitations"
- "Company policy / labor contract prohibits light duty"

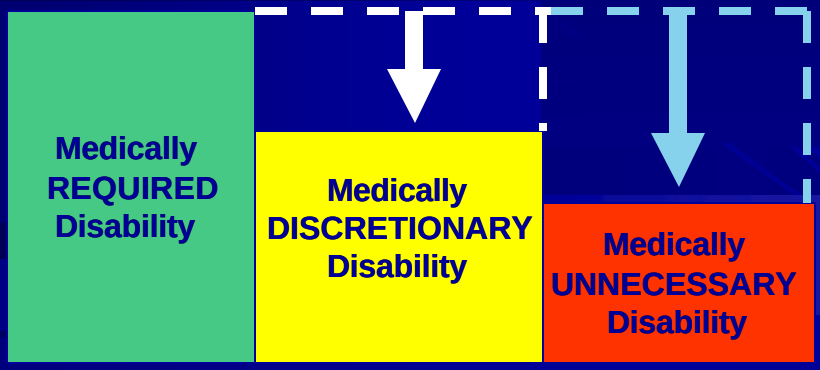
Disability is Medically-UNNECESSARY When . . .

- Medical care is inadequate or delayed
- "Medical" time lost from work is really due to:
  - Communications delay / poor information flow
  - Employer ignorance or resistance
  - Administrative / procedural delay
  - Other problems masquerading as medical
  - Flabby management, poor accountability

Time Is Of The Essence



Work Disability Prevention = Reduce Needless Absence



2. Address Behavioral and Circumstantial Realities

- People's normal human reactions need to be acknowledged and dealt with.
- Investigate and address social and workplace realities.
- Find a way to address psychiatric conditions effectively.

"Normal" Reaction to Injury / Illness / Disability

- Surprise, disorientation, disruption
- Vulnerability, dependency, incompetent
- Discomfort, pain
- Uncertainty, upset, stress, anxiety
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Modifiable Factors that Predict Prolonged Disability

- Interval away from work
- Negative expectations
- Distress, fear-avoidance
- Depression, anxiety
- Maladaptive coping, catastrophizing
- Pain intensity and pain behavior
- Functional disability

Colledge's SPICE Model

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3. Acknowledge Motivation and Align Incentives

- Pay doctors for disability prevention work to increase their commitment to it.
- Support appropriate patient advocacy by getting treating doctors out of a loyalties bind.
- Increase availability of on-the-job recovery and transitional work.

3. Acknowledge Motivation and Align Incentives (cont'd)

- Reduce distortion of the medical treatment process by hidden financial agendas.
- Be rigorous, fair and kind to reduce minor abuses and cynicism.
- Devise better strategies to deal with bad faith behavior.

4. Invest in System and Infrastructure Improvements

- Educate physicians on how to play their role in preventing disability.
- Disseminate evidence on the benefits for recovery of staying active and at work.

4. Invest in System and Infrastructure Improvements (cont'd)

- Improve and standardize methods of information exchange between employers / payers and medical offices.
- Improve and standardize the methods and tools that provide data for SAW/RTW decision-making.
- Increase the study of and knowledge about SAW/RTW.

Compare
Traditional Paradigm
(Claims Processing)
vs.
New Paradigm
(Work Disability Prevention)

5 Assumptions Underlie Claims Processing Paradigm

1. Work absence or disability is necessary after illness and injury.
2. Work avoidance assists in recovery from illness or injury, so it is good.
3. Tragic situations and “bad people” cause most loss costs.

Traditional Assumptions (cont'd)

4. Duration of work absence reflects the severity of the illness or injury.
5. Most people don't need any help because they will receive appropriate medical care and support in managing their health-related employment disruption.

5 Assumptions Underlie Work Disability Prevention Paradigm

1. Much of today's work disability could be foreshortened or averted entirely because work absence is not medically required for more than a few days after illness and injury.
2. Being active during convalescence speeds recovery, while extensive work avoidance and "rest" tend to delay it.
3. Prolonged absence or permanent withdrawal from work is bad for people's well-being -- mental, physical, social and economic.

New Assumptions (cont'd)

4. Prolonged withdrawal from work is usually being driven by non-medical factors instead of medical ones, especially lack of suitable work.
5. The majority of problematic high cost claims begin as innocuous appearing medical problems, and "go south" because of the way non-medical aspects of the situation have been handled

New Assumptions (cont'd)

6. In today's complex world, many people need pro-active instruction, advice, or even one-on-one assistance in:
   - how to navigate the healthcare system;
   - how to select doctors who will provide the most effective treatments;
   - how to cope best with a health-related employment situation.

Where To Learn More

ACOEM's new guideline on Work Disability Prevention:
www.acoem.org / www.webility.md

The 60 Summits Project
www.60Summits.org

Recap

- ACOEM's Work Disability Prevention Guideline
  - A new (improved) paradigm
  - A blueprint for process improvement
  - A framework for building:
    - a shared positive vision
    - a "first class" workers' compensation system
- The 60 Summits Project
  - A mechanism to propagate the new paradigm

Thanks for Listening!

ACOEM's new guideline is available at

www.webility.md or www.acoem.org